		BOARD OF HEAL 'ITAL STATISTICS FIFICATE OF BIRTH	State File	State File No. 1/8 a Registered No. 20	
t or Township		State arizo	<u>.</u>		
(lay pool I name of child 61	No	a hospital or institution, giv	e its NAME instead of	f street and number of yet named, mail report, as directe	
of Child To be answered Of in event of plural births.	NLY 4. Twin, triplet of oth	Most	of birth nov	192-019. Day Year	
ime Faustine	mendez	14. Full maiden name Sep	erina Be	nitez	
sidence (Usual place of abode)		15. Residence (Usual place of a	bode) Mus	mi	
on-resident, give place and solor or race	ge at last birthda 2 (Years)	If non-resident, give p	lace and state.	thday 25 (Year)	
irthplace (city or place) (State or country)	lexico	18. Birthplace (city or (State or country	place)		
ure of Industry	ner	19. Occupation Nature of Industry	Laund	ry	
mber of children of this mot as of time of birth of child d and including this child.)	herein (b) Born aliv	e and now living	21. Were precautions thalmia neonatorus	taken against oph	
hen there was no attending	physician sillborn stillborn stillborn born stillborn born some some stillborn born stillborn born born born stillborn born born born born born born born	NG PHYSICIAN OR MIDWI Abru aline at (Born Nive or stillborn)	Physician or	- and r	
549-1101 - 2		au 31 19 \$ 2	G-6. 0	Registrar.	

•

¥